

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/762896

FILING DATE
09/28/2011
(703) 305-0421

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL DEP. | 5 | | 4 | | | |
| TOTAL CLAIMS | 7 | | 6 | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy